

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

**A. Full Name (Last, First, Middle Initial)**

MR. JOHN DUNCAN

Mailing Address 983 OSPREY DRIVE

City

MELBOURNE

State

FL

Zip Code

32940-7861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2012



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

**Transaction ID : SA17.1709089**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

400.00

**B. Full Name (Last, First, Middle Initial)**

CAPT. JOHN A. DUNCAN

Mailing Address P.O. BOX 523

City

LOXLEY

State

AL

Zip Code

36551-0523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.1431638**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**C. Full Name (Last, First, Middle Initial)**

CAPT. JOHN A. DUNCAN

Mailing Address P.O. BOX 523

City

LOXLEY

State

AL

Zip Code

36551-0523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.1636649**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	2

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page (optional)**.....

600.00

**Total This Period (last page this line number only)**.....